

Appendix E:
Foster and Adoptive Parent Diligent Recruitment Plan

Child and Family Services Plan

Foster and Adoptive Parent Diligent Recruitment Plan

2015-2019

Characteristics of children needing foster and adoptive placement

- Surveys were conducted as a part of Mississippi's Diligent Recruitment and Retention Grant to identify the characteristics of children most in need of foster and adoptive homes as well as the characteristics of resource parents who are successful in parenting these populations of children. Eight populations of special needs have been identified that correlate with a higher percentage of broken placements or that require a greater level of time and experience. The 2015-2019 Diligent Recruitment Plan will focus on these populations of children for recruitment:
 - **Teens of both Genders-** Any children, male or female, aged 13 or older.
 - **Sibling Groups-** Groups of three or more children related either by blood or by marriage.
 - **Sexually Abused Children-** Children who have been victimized through fondling, forced touch, penetration, indecent exposure/exhibitionism, pornography, etc.
 - **Sexually Active Children-** Children who actively engage in promiscuous behaviors including sexual intercourse and/or oral sex with peers.
 - **Sexually Acting Out Children-** Children who may engage in acts such as dressing provocatively, masturbating, inappropriately touching other individuals, and/or inappropriate sexual advances.
 - **Pregnant Girls/Teenage Moms-** Pregnant teenagers and teenage mothers who plan to or currently have their baby with them in an out-of-home placement.
 - **Children with Severe Behavior Problems-** Behaviors may vary in frequency, severity, and/or intensity. This may include behaviors such as aggression towards other children, aggression towards adults, running away, stealing, lying, cruelty to people/animals, fire setting, destruction of property, and/or school suspensions/expulsions.
 - **Children with physical (including medically fragile), emotional, or intellectual challenges-**
 - a. **Physical (including medically fragile) challenges:** Physical challenges may be defined as any long-lasting condition that substantially limits one or more physical activities such as walking, climbing stairs, reaching, lifting or carrying, or conditions which require routine or constant medical attention such as insulin dependent diabetes or tracheotomy patients. These children have medical needs or physical handicaps which may

require ongoing medical attention, structural changes in the home, and other specialized care.

- b. Emotional Challenges:** Emotional challenges may consist of diagnosis of depressions, anxiety, PTSD, ADD/ADHD, Reactive Attachment Disorder, bonding issues, etc. These children often struggle in school and social settings, and may often seem withdrawn, depressed, and angry.
- c. Intellectual Challenges:** Intellectual challenges are characterized by significant limitations in both intellectual functioning and in adaptive behavior. Limitations may include lack of conceptual skills, social skills, and practical skills. These children most often suffer from learning disabilities, mental retardation, or developmental delay.

Community Outreach

- Recruitment efforts for 2015-2019 will use neighborhood segmentation data to identify different segments of populations living in an area, such as a county or zip code. Family Portraits developed from the neighborhood segmentation data will aid staff in identifying the communities most likely to have people with the skills and characteristics needed to care for children most in need of foster and adoptive homes in Mississippi. Family Portraits will also provide information on how to tailor recruitment efforts to be most effective based on the demographics, lifestyle habits, and preferences of the communities being targeted. Community partner lists, also developed from the neighborhood segmentation data, will be used to identify community partners to assist in recruitment and retention efforts.

Each of the 13 MDHS/DFCS regions has a regional recruitment team and will maintain a written recruitment plan for the region. Regional recruitment teams act as the regional recruitment and retention team which is a required sub-team of the Practice Model Regional Implementation Team. The regional recruitment teams report to the state level recruitment and retention sub-team which in turn reports to the Practice Model State Implementation Team. Community partners and private agencies will participate in various regional teams and on the state level recruitment team.

Methods of disseminating

- A two-step recruitment plan will be maintained by each regional recruitment team and will include community education and targeted recruitment. Community education strategies will emphasize educating communities about foster care, adoption, and ways to support the care of the populations of children in need of foster and adoptive homes. These activities will focus on: providing positive and accurate information about what skills and characteristics are needed to care for foster children, training and supporting community partners to run community education activities for their own circle of friends,

coworkers, and social groups, increasing community support for resource parents already caring for special needs children, and encouraging community members to talk about information they learn when they interact with community education tools and activities.

Targeted recruitment efforts will concentrate on a specific population of individuals who have the skills, experiences, and characteristics to care for our harder to place children. Targeted recruitment strategies will reach a select group of people who are most qualified to provide the best care for children with special needs. Targeted recruitment is expected to: attract people with the attract people who have the experience, skills, education, resources, and characteristics needed to care for children with special needs and have the motivation to provide better care for these children, and set realistic expectations for people during recruitment.

Child Specific Recruitment

- A teen-focused recruiter, under the supervision of the State Office Adoption Unit, will carry a caseload of 6-8 adolescents and will work with these adolescents who are resistant to adoption but who have a plan of adoption. Dedicated staff will also be trained in each region to be teen-focused recruiters to assist in transitioning youth who are resistant to adoption into permanent family settings. Additionally, all children with adoption as part of their permanent plan who have no identified adoptive family will be presented to regional, multi-regional, and statewide placement committee meetings until a family is identified.

MDHS/DFCS will continue its partnership with 200 Million Flowers, a private adoption agency, to do professional photographs and biological sketches for the hardest to place children who are free for adoption for the purpose of holding events similar to a heart gallery. These events target churches across the state. This partnership will expand to include foster/adoptive parent recruitment in churches and collaboration between 200 Million Flowers and Mississippi's Wednesday Child program. MDHS/DFCS will explore other ways to collaborate with private adoption agencies as an avenue for additional child-specific recruitment. MDHS/DFCS will also expand the state's use of the AdoptUSKids website.

MDHS/DFCS policy regarding MEPA states, "Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interest. Culture may not be used as a proxy for RCNO and placements may not be delayed or denied on the basis of RCNO of the child or the provider."

Access to Agencies

- The Practice Model requires that every region has a regional implementation team. Each regional implementation team has a sub-team for recruitment and retention. Representatives from private agencies and community stakeholders will continue to participate in various regional recruitment and retention sub-teams as well as the state level implementation team.

The Adoption Resource Exchange Hotline number will be advertised on all recruitment materials used in both community education and targeted recruitment. Interested applicants calling into the hotline will receive a packet which includes contact information for foster and adoptive programs for both MDHS/DFCS and licensed child placing agencies.

MDHS/DFCS will continue to partner with private child-placing agencies in order better serve the children whose permanent plan includes adoption. Ten private agencies across the state regularly participate in quarterly or bi-annual placement committee meetings throughout the state. These agencies all license resource homes, some also provide adoption services through their agency. Some of the agencies license therapeutic foster homes and medically fragile foster homes for a specific population of the children in care. Though all agencies licensing resource homes do not provide adoption services, these agencies are encouraged to present their licensed resource families who may be interested in adoption at placement committees.

Diversity Training

- Diversity training will be included in pre-service training for all frontline staff. Diversity is also addressed in the *Mississippi PATH: Parents as Tender Healers* training for all Resource Parents. Additionally, MDHS/DFCS is in the process of developing a separate training unit for Resource Licensure/Adoption staff. Diversity will be included in training for this new unit.

Linguistic Barriers

- The Resource Development Unit has translators on staff and are available to provide translation services to support recruitment and retention efforts. Translators are available to translate recruitment materials as well as speak with interested resource parents calling into the Adoption Resource Exchange Hotline.

Non-discriminatory fee structures

- MDHS/DFCS does not require fees for services.